# Territories Health and Social Services

## 1. Statement of Policy

Eligible persons have the right to appeal medical travel decisions as outlined in this Ministerial Policy (Policy).

## 2. Principles

The Department of Health and Social Services will adhere to the following principles when implementing this Policy:

- (1) The Canadian health care system is based on universal access to insured health services.
- (2) All residents of the Northwest Territories should have access to the necessary and appropriate insured health services they need and be treated fairly and with respect in the health and social services system.

#### 3. Scope

The Policy outlines the appeal process to be used for appeals of decisions made regarding medical travel assistance as referenced in the Government of the Northwest Territories' *Medical Travel Policy*.

#### 4. Definitions

<u>Client</u> – the person filing an appeal to be heard. This could be an Eligible Person or a Parent or Guardian.

<u>Director of Medical Insurance</u> – person appointed under s. 23 of the *Medical Care Act*.

<u>Eligible Persons</u> – NWT residents with a valid health care card who have a Valid Medical Referral to access necessary and appropriate Insured Health Services.

<u>Insured Health Services</u> – services covered by the *Hospital Insurance and Health* and *Social Services Administration Act* and the *Medical Care Act*.

<u>Guardian</u> - A person who is lawfully entitled to make decisions on behalf of another.

<u>Health Care Provider</u> – a physician, nurse practitioner, registered midwife or community health nurse licensed to practice in the NWT.

<u>Nearest Centre</u> – the nearest approved facility that is available to provide the necessary and appropriate insured health service required for the patient.

<u>Valid Medical Referral</u> – written authorization from a Health Care Provider to refer an eligible person to the nearest available centre for necessary and appropriate insured health services from any community in the Northwest Territories.

## 5. Authority and Accountability

#### (1) General

#### a) Minister

The Minister of Health and Social Services (the Minister) is accountable to the Executive Council for the implementation of this Policy.

#### b) Deputy Minister

The Deputy Minister of Health and Social Services (the Deputy Minister) is accountable and responsible to the Minister for the administration of this Policy.

#### c) Director of Medical Insurance

The Director of Medical Insurance for Health and Social Services is accountable and responsible to the Deputy Minister for the administration of this Policy.

#### (2) Specific

- a) The Minister may:
  - (i) approve changes to this Policy.
- b) The Deputy Minister or designate:
  - (i) may make recommendations to the Minister regarding the implementation of this Policy;
  - (ii) will administer and monitor the implementation of this Policy; and
  - (iii) will evaluate the Policy periodically and make recommendations to the Minister for revisions to the Policy as necessary.

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- c) The Director of Medical Insurance or designate:
  - (i) will review and decide on appeal applications made in accordance with this Policy;
  - (ii) will determine the manner of conducting the appeal; and
  - (iii) may allow or dismiss the appeal.

#### 6. Provisions

- (1) A Client has the right to appeal a decision made under the Ministerial Policies established under the Government of the Northwest Territories *Medical Travel Policy*.
- (2) Appeals must be submitted in writing by the Client.
  - Appeal Request Forms can be obtained from any Health Centre or Hospital or from the Department of Health and Social Services website under Medical Travel.
- (3) The Client has 60 days from the receipt of a decision to submit a completed Appeal Request Form.
- (4) The Client ensures that the Appeal Request Form (Appendix A) is fully and accurately completed.
- (5) The completed Appeal Request Form should be sent, either by fax or by e-mail, to:

Director of Medical Insurance

Fax: (867) 873-0266

Email: medtravappeal@gov.nt.ca

- (6) The Director of Medical Insurance will review the Appeal Request Form, within 5 business days, to ensure it contains sufficient information to consider the appeal.
  - a) If yes, the Director of Medical Insurance will make a decision and advise the Client accordingly, in writing:

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- within 10 business days, if the decision is required for pending medical travel or;
- ii. within 30 business days, if the medical travel has already occurred.
- b) If no, the Director of Medical Insurance will contact the Client or relevant Health Care Provider to request further information first before making a decision.
- (7) The reason(s) for the decision will be included in the letter.
- (8) The decision is final and there are no further levels of appeal.
- (9) This Policy is in effect until cancelled or replaced.

#### 7. Exclusions

The following decisions are not subject to appeal;

- (a) Additional escort decisions;
- (b) Clinical decisions made to determine whether a valid medical referral should be issued.

#### 8. Financial Resources

Financial resources required under this policy are conditional on approval of funds in the Main Estimates by the Legislative Assembly and there being a sufficient unencumbered balance in the appropriate activity for the fiscal year for which the funds would be required.

#### 9. Prerogative of the Minister

Nothing in this Policy shall be construed to limit the prerogative of the Minister to make decisions or take actions respecting appeals. In this regard, the Minister may approve exceptions to this policy. An exception will require the Minister's written approval.

Glen Abernethy

March 23/15

Minister

Date

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# Appendix A – Appeal Request Form

Client Name:	Patient HCP#:	Date of Birth:
Community of Residence:	Contact Phone #:	Name of Health Care Provider:
Reason for Medical Travel:	Medical Appointment date:	Employer:
Reason given for denial:		
Name of individual/office that denied claim, if known:		
Reason for appeal, please tick box:		
Escort denied	Accommod reduced	dation/meal reimbursement denied or
■ Intercommunity transportation denied/reduced. ■ Local transportation (taxi) denied/reduced		
■ Travel beyond "nearest centre" denied ■ Other, specify:		
I am appealing the decision for the following reasons:		
**Please submit your appeal within <b>60 days</b> from receipt of decision you are appealing**		
		3
Attach additional pages if necessary and any documentation (letters from Health Care Provider, Employer Benefits Administrator, etc.) to support your appeal.		
I consent to the Director of Medical Insurance, or designate, contacting my Health Care Provider, Medical Advisor or other persons as appropriate to obtain information relating to the Medical Travel Decision which is the subject of this appeal.		
Client signature:	Da	ate signed:

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